

# Countess of Chester Hospital NHS Foundation Trust

## Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

Overall rating for this trust	Requires improvement 
Are services safe?	<b>Requires improvement</b> 
Are services effective?	<b>Requires improvement</b> 
Are services caring?	<b>Good</b> 
Are services responsive?	<b>Requires improvement</b> 
Are services well-led?	<b>Requires improvement</b> 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

# Summary of findings

## Background to the trust

The Countess of Chester NHS Foundation Trust is the main trust serving Western Cheshire and provides services to approximately 30% of the population covered by Betsi Cadwaladr University Local Health Board in Wales. Welsh patients represent one fifth of the workload of the trust. The trust is arranged into three clinical divisions: urgent care, planned care and diagnostics and pharmacy division, plus support services.

Nine areas in Cheshire West and Chester are within the 10% most deprived in England, the rate of alcohol-related harm, self-harm hospital stays in adults is worse than the average for England. The rate of smoking related deaths is better than the average for England.

The rate of hip fractures is worse than average. Rates of sexually transmitted infections and tuberculosis are better than the England average.

## Overall summary

**Our rating of this trust went down since our last inspection. We rated it as Requires improvement**  

## What this trust does

The Countess of Chester Hospital NHS Foundation Trust consists of a 600-bed large district general hospital, which provides its services on the Countess of Chester Health Park and a 63 bed intermediate care service at Ellesmere Port Hospital.

The Countess of Chester Hospital is located in Chester, Cheshire. It provides a full range of acute and several specialist services including urgent and emergency care, general and specialist medicine, general and specialist vascular surgery and full consultant led obstetric and paediatric hospital service for women, children and babies. The hospital serves the population of Chester and surrounding rural areas, Ellesmere Port, Neston and the Flintshire area.

Ellesmere Port Hospital is located in Whitby in Ellesmere Port, Cheshire. It provides medical care services, rehabilitation and intermediate care to patients over 65 years age. There were 63 beds over two wards. The hospital mainly serves the population of Chester and surrounding rural areas, Ellesmere Port and Neston.

The trust saw over 66,000 inpatient admissions between June 2017 and May 2018. There were also over 638,000 outpatient attendances and over 84,550 accident and emergency attendances in the same period. There were 2,649 babies delivered and 1,067 patient deaths at the trust during this period.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

# Summary of findings

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We inspected surgery, medical care and urgent and emergency care at the Countess of Chester Hospital as part of our continual checks on the safety and quality of healthcare services.

We also inspected the well-led key question for the trust overall. We have summarised what we found in the section headed 'Is this organisation well-led?'

## What we found

### Overall trust

Our rating of the trust went down. We rated it as requires improvement because:

- We rated safe, effective, responsive and well led as requires improvement. We rated caring as good.
- At this inspection, we inspected three core services and rated all of them as requires improvement. All three services had previously been rated as good.
- In rating the trust, we took into account the current ratings of the services not inspected this time.
- We rated well-led for the trust overall as requires improvement.
- The trust was rated as requires improvement for Use of resources.
- Overall this gives a combined rating of requires improvement.

### Are services safe?

Our rating of safe went down. We rated it as requires improvement because:

- The trust did not effectively demonstrate a consistent approach to sepsis identification and treatment. We found that all staff had not received sepsis training and processes for the rapid identification and treatment of sepsis were not embedded. Documents we reviewed did not support staff to safely identify sepsis patients. The trust had developed an action plan to improve this.
- The surgical services did not have enough nursing staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment. The urgent and emergency care department did not have sufficient paediatric nurses to meet the Royal College of Paediatric Child Health standard of two children's nurses per shift in an emergency department treating children.
- Best practice was not always followed when storing medicines. Across the medical wards and urgent and emergency care we saw that fridge and room temperatures were not monitored and medicines were found to be out of date.
- Staff in the medical wards did not always escalate patients appropriately following deterioration in their national early warning score.
- The national audit of inpatient falls 2017 showed that the trust did not meet the national aspirational standards. Patients at risk of falls were not always assessed or managed in a timely manner across the areas we inspected.
- The trust failed to achieve its targets for healthcare-acquired infections. The processes for cleanliness of the environment, isolation of patients and availability of hand washing facilities was not in line with infection control code of practice guidelines.

# Summary of findings

- Staff provided information to patients in a way that they could understand. Patients were supported to understand their condition, care, treatment and advice.
- Peoples emotional needs were important to staff and were central to their care and treatment.

## Are services responsive?

Our rating of responsive stayed the same. We rated it as requires improvement because:

- Patients' needs were not consistently met through the way services were organised and delivered. Signage across the medical wards did not meet the requirements for patients living with dementia, or patients with sight, or reading problems.
- In urgent and emergency care we found that children were not always segregated appropriately from adults. The children's waiting area was opposite the room used for patients attending with mental health issues. Patient's privacy and dignity was not always maintained in the ambulance hand-over area.
- The trust consistently failed to meet the target for urgent and emergency care four hour wait standards between September 2017 and August 2018.
- The average length of stay for medical elective patients was worse than the England average From June 2017 to May 2018.
- Sufficient beds for patients were not always available. During our inspection we found patients in beds in the middle of some wards without appropriate access to call bells and the ability to screen off the bed for privacy. This meant that patients' privacy and dignity was not maintained at all times.
- Information leaflets regarding the services, patient rights and help and support resources were only displayed in English and one size print format across all services.

However:

- The complaints process was easy to access and all complaints were taken seriously and dealt with in an open and transparent way.

## Are services well-led?

Our rating of well-led went down. We rated it as requires improvement because:

- We rated all three of the core services reviewed at this inspection as requires improvement for well-led. We considered the previous ratings of services that we did not inspect this time within the overall rating for this key question.
- We identified that some improvements had been made since our last inspection in February 2016. However, we found several areas for improvement from the previous inspection that had not improved. We also found that monitoring systems had not been embedded to ensure areas of concern had been fully addressed and monitored for improvement.
- There was no clear strategic objective in place to lead the organisation. This meant that there was no robust and realistic strategy for achieving trust priorities and developing good quality, sustainable care.
- Staff did not always feel actively engaged or empowered. We received mixed comments from some staff groups in relation to the level of engagement and support they received from senior management.

# Summary of findings

- The trust board had undergone changes in its representation including the chief executive and medical director. Leadership changes were recognised by the board and staff as vital in bringing about service improvement plans and to improve the quality of the service delivery. However, at the time of our inspection these improvements were not yet defined or fully embedded.

However:

- Changes in senior leadership such as the appointment of the interim chief executive and interim medical director had led to recognition that improvements were required.
- Staff were positive about the support they received from their local departmental team leaders.
- The trust was compliant with the fit and proper person's requirement which ensures that directors of NHS providers are fit and proper to carry out this important role.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also considered factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

We have rated well led for the trust as requires improvement. There had been some progress within the services. However, there has also been some deterioration in other ratings with previous ratings of good in different core services now rated as requires improvement. This has impacted the rating for safe at Countess of Chester hospital which has gone down one rating to requires improvement. This in turn has reduced the aggregated rating for safe, effective, responsive and well led at acute service level to requires improvement.

NHS Improvement rated the trust's use of resources as requires improvement which gives a combined rating of requires improvement.

## Outstanding practice

We found examples of outstanding practice in the urgent and emergency care service. For more information, see the Outstanding practice section in this report.

## Areas for improvement

We found areas for improvement including 18 breaches of legal requirements that the trust must put right. We found 23 areas that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the Areas for improvement section of this report.

## Action we have taken

We issued four requirement notices to the trust. Our action related to breaches of legal requirements in urgent and emergency care, medical care and surgery and across the trust.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action within this report.